

COBB COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM
PUBLIC FACILITIES ACQUISITION PROJECT APPLICATION - PY 2007

PUBLIC FACILITIES ACQUISITION PROJECTS

Complete this form and **SUBMIT ONE ORIGINAL AND ONE COPY** to the Cobb County CDBG Program Office for each project proposed for CDBG funding. Funds will be available 1st Quarter 2007.

SUBMISSION DEADLINE: 5:00 P.M., FRIDAY, APRIL 21, 2006 [See Note on Page 4]

SUBMIT TO: Cobb County CDBG Program Office
127 Church Street, Suite 270
Marietta, Georgia 30060
[Telephone: (770) 528-4600] [FAX: (770) 528-4613] [TDD: (770) 528-4614]

1. Applicant Name (Agency or Organization):

Applicant Agency Mailing Address:

City: GA Zip Code:

2. Contact Person: Title:

Telephone Number: FAX Number:

3. Non-profit organizations which are submitting applications for Cobb County CDBG funds must submit one (1) copy of their current IRS 501(c)(3) [Tax-Exempt Status] certification; Check ☐ if attached.

4. Non-profit organizations which are submitting applications for Cobb County CDBG funds must submit one (1) copy of their audit or audited financial statement for their most recent fiscal year. Check ☐ if an audit is attached; Check ☐ if an audited financial statement is attached.

5. A. Project Name:

B. Project MAP with the location of the proposed project(s): Check ☐ if attached.

If no map is provided with the proposed project(s) identified, the project(s) will not be considered for funding.

6. Project Location [Street Address, City, State, Zip Code - or other geographically specific information, if no street address]:

7. Project Priority # of projects submitted by your organization.

8. Total Project Cost \$ CDBG Funds Requested \$

9. Other Funding Sources/\$Amounts: Source: Amount \$

Source: Amount \$

10. In a narrative format, please describe the target population to be served in Cobb County. If applicable, provide actual numbers of persons served. Describe Specifically what Category of Persons. i.e. seniors – 60+; adults with disabilities; abused women; abused children; homeless; others. Also, provide estimates of the ethnic/racial compositions of persons served as well. [Ex.

At least 70% of the total number of persons served by each project must be Low & Moderate Income for the project to be eligible for Cobb County CDBG funds.

(SEE TABLE ON PAGE 4 OF THIS APPLICATION FOR A DEFINITION OF LOW & MODERATE INCOME)

11. For income eligibility purposes, please describe in narrative format how the proposed persons served have been/will be qualified/verified: ; In a narrative format, please state how your organization will verify and document household income:

12. In a narrative format, please state the Planned Usage of the Real Property to be acquired:

Is the proposed project seeking Cobb County CDBG funds for the acquisition of real property for use as a CDBG-eligible public facility(s)? ☐ yes ☐ no

13. Is the property being acquired?

(1) Undeveloped real property (i.e. land only): ☐ **OR** (2) Developed property with a structure on site: ☐

➤ If you checked 13(2), will the proposed acquisition cause any displacement or relocation of persons or businesses? ☐ yes ☐ no

➤ Does your organization possess eminent domain authority? ☐ yes ☐ no

➤ Will your organization utilize its power of eminent domain for this project acquisition? ☐ yes ☐ no

➤ Has your agency established an estimate of fair market value and Offer of Just Compensation for the property proposed for acquisition? ☐ yes ☐ no

➤ Is there a current appraisal and review appraisal of the fair market value of the property proposed for acquisition? ☐ yes ☐ no If "yes," attach a copy of the appraisal. Appraisal attached: Check ☐

➤ Are the appraiser and review appraiser Certified State of Georgia Appraisers? ☐ yes ☐ no

Note: A contract (fee) appraiser making a "detailed appraisal" under a contract executed after December 31, 1992 must be certified under Georgia Law implementing Title XI of the Financial Institutions Reform, Recovery and Enforcement Act of 1989 (FIRREA).

14. Does the proposed site contain a current or former site of underground fuel or chemical storage tanks or containers? ☐ yes ☐ no ☐ unknown

15. If you are uncertain about Item 14, is/was the proposed site a current or former site of:

A. Gasoline Service Station: ☐ yes ☐ no ☐ unknown

B. Bulk gasoline or oil dealer: ☐ yes ☐ no ☐ unknown

C. Dry cleaners: ☐ yes ☐ no ☐ unknown

D. Chemical dealer or chemical storage area: ☐ yes ☐ no ☐ unknown

E. Chemical production plant ☐ yes ☐ no ☐ unknown

F. Pesticide and/or herbicide production or storage facility ☐ yes ☐ no ☐ unknown

G. Wood products treatment plant (creosote plants, pressure-treated wood plants, etc.):

☐ yes ☐ no ☐ unknown

H. Landfill or hazardous waste disposal site/facility: ☐ yes ☐ no ☐ unknown

16. Is the proposed site adjacent to any of the types of environmental hazards identified in Item 15? If "yes," please specify the type of hazard from 15A-15H, or any other hazard not listed:

17. Is the proposed project in a designated Historic District? ☐ yes ☐ no

If "yes," identify and locate on the map(s) referenced in Items 5B, above.

18. Will the proposed project affect an historic structure/property, which has already been designated or is eligible for designation to the National Register of Historic Places? ☐ yes ☐ no If "yes," identify and locate the property to be affected on the map(s) described in Items 5B, above.)

19. Is the proposed project in a federally designated floodplain? ☐ yes ☐ no If "yes," indicate efforts to be taken to insure compatibility of the proposed project with the floodplain. Check ☐ to indicate additional page(s) attached.

20. Does the proposed site contain any federal, state or locally designated wetlands areas? ☐ yes ☐ no If "yes," attach a map defining wetlands area and its relationship to the site: Check ☐ if attached.

21. Project Schedule (Total Months to Complete) [Maximum number of months allowed 18]. The contract period for the project, if approved, will begin January 1, 2007 and end not later than June 30, 2008. **Attach a projected work plan with an estimated time line of proposed activities.**

❖ **METRICS:**

22. Total Number of Persons to Benefit: ()
23. Total Number of Low & Moderate Income Persons Who will Benefit: ()
24. If Applicable, the Number of:
- | | |
|-----------------------------------|--------------------------|
| Senior Citizens Who Will Benefit: | (<input type="text"/>) |
| Adults with Disabilities: | (<input type="text"/>) |
| Abused Spouses: | (<input type="text"/>) |
| Abused/Neglected Children: | (<input type="text"/>) |
| Homeless Persons: | (<input type="text"/>) |
| Female-Headed Households | (<input type="text"/>) |
25. Racial/Ethnic Breakdown Projections by the Number of Persons:
- | | |
|------------------------|--------------------------|
| White | (<input type="text"/>) |
| African-American | (<input type="text"/>) |
| American Indian | (<input type="text"/>) |
| Asian/Pacific Islander | (<input type="text"/>) |
| Hispanic | (<input type="text"/>) |

NOTE:

A project proposal will be judged incomplete unless it contains the information requested in items 1-25, as appropriate, for each individual applicant organization. Please place "Not Applicable," under items not appropriate.

For additional information on completing the project application form, please contact the Cobb County CDBG Program Office at (770) 528-4600.

Applicant Agency Signatures/Approvals [**Application Preparer Should Not Be Same Person as Approver**]:

26.Prepared by: _____ Date: _____
Signature/Title

27.Prepared by: _____ Date: _____
Typed/Printed Name & Title

28.Approved by: _____ Date: _____
Signature/Title

29.Approved by: _____ Date: _____
Typed/Printed Name & Title

30. HUD Income Table

CDBG MAXIMUM HOUSEHOLD INCOME LIMITS [COBB COUNTY, GEORGIA]
EFFECTIVE 2/11/2005 *
SOURCE: U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT [HUD]

Family/Household Size	Extremely Low 30%	Low Income 50%	Moderate Income 80%
1	\$14,950	\$24,900	\$39,850
2	\$17,100	\$28,500	\$45,550
3	\$19,200	\$32,050	\$51,250
4	\$21,350	\$35,600	\$56,950
5	\$23,050	\$38,450	\$61,500
6	\$24,800	\$41,300	\$66,050
7	\$26,500	\$44,150	\$70,650
8	\$28,200	\$47,000	\$75,200
Ea. Additional member	+ \$ 1,700	+ \$ 2,850	+ \$ 4,550

Extremely Low Income = 30% of Median Household Income

Low Income = 50% of Median Household Income

Moderate Income = 50% - 80% of Median Household Income

* MAXIMUM HOUSEHOLD INCOME LIMITS ARE REVISED ANNUALLY BY HUD.

Note Regarding Submission Date:

Any applications not received at the CDBG Program Office by the submission deadline will be returned to the applicant and will be considered ineligible for funding. **“Received” is defined as: Applications physically delivered or mailed sufficiently early to be physically received at the CDBG Program Office by the application deadline of 5:00 P.M., April 21, 2006.**

ATTACHMENT 1
PUBLIC FACILITIES ACQUISITION
COBB COUNTY CDBG PROGRAM - PY 2007 APPLICATION

Describe your proposed project, providing justification for its funding with Cobb County CDBG funds:

Remember to include the racial/ethnic composition of persons who will benefit [i.e. White, African-American, Hispanic, etc.] as well as the "Special Needs" category as defined by HUD, if applicable. Those who are considered "Special Needs" are: Senior Citizens, Persons with Disabilities, Abused Women, Homeless Persons, and Abused Children. This is critical information and failure to provide this data will result in your application being rejected.



Copy this page and use as many pages as necessary to fully describe your proposed project.

ATTACHMENT 2
PUBLIC FACILITIES ACQUISITION
[PERFORMANCE MEASUREMENT PROJECTIONS]

Please outline the total number of persons your organization plans on serving by this proposed project for the next five (5) years. These numbers are merely projections, but attempt to be realistic in your assessment.

2007:

2008:

2009:

2010:

2011: